


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**  **FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

FILED

03 MAR 10 PM 12:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P960000 21766

1. Corporation Name

Professional Touch Painting, Inc

2. Principal Office Address

Suite, Apt. #, etc.

2820 Charming Drive

City & State

Apopka

Zip

32703

Country

USA

3. Mailing Office Address

522 Hunt Club Blvd.

Suite, Apt. #, etc.

Suite # 131

City & State

Apopka, Florida

Zip

32703

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3365078

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Detzel, Christopher A. Esquire

Street Address (P.O. Box Number is Not Acceptable)

540 E. Horatio Avenue

Suite, Apt. #, Etc.

Suite # 202

City

Maitland

State

FL

Zip Code

32751

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Kelly Whited

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles     | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip    |
|------------|--------------------------------------|---|-----------------------|
| Pres.<br>D | Kelly Whited                         | 2820 Charming Drive                               | Apopka, Florida 32703 |
|            |                                      |   |                       |
|            |                                      |   |                       |
|            |                                      |   |                       |
|            |                                      |   |                       |
|            |                                      |   |                       |

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Kelly Whited Kelly Whited

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/03

Date

407-694-3153

Daytime Phone #

CR2E081 (10/02)

**To Whom It May Concern:**

**March 3, 2003**

**I writing to inform you that Professional Touch Painting, Inc. (Doc. # P96000021766 and FEI Number 59-3365078) did not receive the Uniform Business Report in 2002 or 2003. Due to this problem I am requesting that all late fees be waived and that Professional Touch Painting, Inc. be reinstated.**

**Enclosed you will find a check for \$300.00 to cover the fee for the years 2002 & 2003.**

**Thank you for you attention to this matter.**

**Sincerely,**

A handwritten signature in cursive script that reads "Kelly Whited". The signature is written in dark ink and is positioned below the word "Sincerely,".

**Kelly Whited**